OASIS Repair Practice Patterns amongst OB-GYN and Family Medicine Physicians in Kansas

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Introduction. Obstetric anal sphincter injuries (OASIS) are a complication of pregnancy, occurring in 3.8% of deliveries. Correct identification and repair of OASIS can have significant impact on bowel and urinary function, pelvic pain and pelvic organ prolapse. Few studies have looked at practice patterns related to 3rd and 4th degree laceration and repair based on specialty and provider type. Our study aimed to assess training and practice patterns for OASIS repairs among obstetrician-gynecologists (OB-GYNs) and Family Medicine (FM) physicians in Kansas.

Methods. In this cross-sectional study, surveys were administered to a convenience sample of providers specializing in OB-GYN and FM or were resident physicians in OB-GYN/FM. The primary outcome was to assess repair practices, training and exposure to OASIS repairs for physicians providing obstetrical care. Responses were excluded if the respondent did not provide obstetrical care.

Results. Out of 135 received responses, 73.3% (N = 99) were included in our analysis. Of our respondents, 50.5% (n = 49/97) were OB-GYNs, and the majority were attending physicians (76.8%, n = 76). All (n = 48) OB-GYNs reported performing OASIS repairs compared to 57.1% (24/42) FM physicians (p <0.001). Out of respondents performing OASIS repairs, 98.6% (73/74) received training in residency (p <0.001), and 18.5% (12/65) had post-residency training in OASIS repairs (p = 0.665). Eighteen (19.6%) respondents did not perform OASIS repairs, and all stated they consulted a surgical specialist for the repair.

Conclusions. Most physicians performing vaginal deliveries in Kansas received training on OASIS repairs in residency. When a provider encountered an OASIS and does not perform the repair, they consulted a surgical specialist to assist.

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